

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09781187

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10	1						60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15	1						65						
16		1					66						
17		1					67						
18		1					68						
19	1						69						
20	1						70						
21		1					71						
22	1						72						
23	1						73						
24		1					74						
25		1					75						
26	1						76						
27		1					77						
28		1					78						
29	1						79						
30		1					80						
31	1						81						
32	1						82						
33	1						83						
34		1					84						
35		1					85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40		1					90						
41	1						91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17						TOTAL IND.						
TOTAL DEP.	24						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						